

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036455

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 4993

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

By W. Theel

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 42 YEARS	
c. FULL NAME OF (If NOT in hospital, give location) HAVERMAN HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
HOSPITAL OR INSTITUTION 3526 WALNUT STREET		d. STREET ADDRESS 464 - W. GREGORY	
3. NAME OF DECEASED (Type or print) GARDNER SMITH		4. DATE OF DEATH Month SEPT. Day 8 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-8-93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYER		10b. KIND OF BUSINESS OR INDUSTRY SMITH & SMITH LAW FIRM	
11. BIRTHPLACE (City and state or country) BUTLER, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THOMAS J. SMITH		13b. MOTHER'S MAIDEN NAME MARY ALLIN	
14. NAME OF HUSBAND OR WIFE BUEL L. SMITH		Address KANSAS CITY, MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 464-464-464	
17. INFORMANT MRS. BUEL L. SMITH		Interval between ONSET AND DEATH 464-464-464	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Hypostatic Congestion. DUE TO (c) Parkinson Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 11 a.m. 11 p.m. 11 Month, Day, Year 9-6-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9-6-63 to 9-8-63 and last saw him alive on 9-8-63 Death occurred at 9-8-63 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Theel M.D.		22b. ADDRESS 4301 Main St. KCMO	
22c. DATE SIGNED 9-9-63		22d. LOCATION (City, town, or county) (State) GALLATIN MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT. 11, 1963	
23c. NAME OF CEMETERY OR CREMATORY HILLCREST CEMETERY		23d. LOCATION (City, town, or county) (State) GALLATIN MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 9-11-63	
26. REGISTRAR'S SIGNATURE Bessie Smith		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

On City Sheet
4301 Main Street

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold E. Reich

Licensed Embalmer No. 4998

P. O. Address R. E. Man

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.